

COOK COUNTY SHERIFF'S OFFICE  
(Oficina del Alguacil del Condado de Cook)☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

JUL 17 4139

715624

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☒ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT:  
☒ OTHER: DOC Admin

Code 010

PRINT - INMATE LAST NAME (Apellido del Preso):

POLLETTA

INMATE INFORMATION (Información del Preso)

PRINT - FIRST NAME (Primer Nombre):

NICHOLAS

INMATE BOOKING NUMBER (# de identificación del detenido):

20150413057

DIVISION (División):

8-RTU

LIVING UNIT (Unidad):

3E

DATE (Fecha):

08-12-15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

AUGUST 6, 2015

TIME OF INCIDENT (Hora Del Incidente)

APPROX. BETWEEN 12-1 AM

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

DIVISION 8-RTU TIER 3E CELL 2

I FELL IN MY CELL WHILE TRYING TO USE THE BATHROOM & BADLY SPRANG MY LEFT FOOT BECAUSE THERE ARE NO RAILINGS AND NO RETENTION WALL TO ASSIST. I NOTIFIED BOTH THE NIGHT OFFICER & NURSE IN THE MORNING & WAS TOLD I WOULD RECEIVE AID BUT DIDN'T - IT WASN'T UNTIL I TALKED TO THE EVENING OFFICER & NURSE THAT I FINALLY WENT TO CERMAK AT 10 PM FOR AN X-RAY & WRAPPING - MY FOOT HAS SWELLED UP & BECOME DISCOLORED & IS CAUSING A LOT OF PAIN & RENDERED ME UNABLE TO WALK BETWEEN THIS & MY OTHER INJURED FOOT

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I CANNOT WALK & WANT TO CONTINUE RECEIVING MEDICAL AID FOR MY INJURY & I ALSO WANT ACCESS TO HADICAPPED TOILETS - MY CELL IS NOT EQUIPPED WITH HAND RAILS

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Nicholas A Polletta

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:


**COOK COUNTY SHERIFF'S OFFICE**  
 (Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE RESPONSE / APPEAL FORM**  
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE

☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2015X 4/135

INMATE LAST NAME (Apellido del Preso):

Polletta

INMATE INFORMATION (Información del Preso)

INMATE FIRST NAME (Primer Nombre):

Nicholas

ID Number (# de identificación):

2015041 3057

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**  
 (EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

010-ASA Accommodation Issue

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

8/14/15

PERSONNEL HANDLING REFERRAL:

Doc Admin. He spoke with you directly & you informed him you had received medical care. He explained the reasoning for no rails, you stated you understood & did not want additional personnel responding to grievance (Print):

Theresa Olson

SIGNATURE:

Theresa Olson

DIV. / DEPT.

Inm. Svcs.

DATE:

8/25/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Nicholas A. Polletta

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida):

09/01/15

**INMATE'S REQUEST FOR AN APPEAL** (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.  
 \* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

09/01/15

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

I FELT INTIMIDATED BEING SINGLED OUT & GIVEN A REASON FOR NO HAND RAILS THAT HAD MORE TO DO WITH SELF-INFLECTED INJURY THAN FOR SAFETY, WHICH SEEMS UNREASONABLE B/C THIS IS A MEDICAL DECK WITH MANY WHEELCHAIRS - THIS INCIDENT PROLONGED MY RECOVERY & MED ASSISTANCE WAS NOT RECEIVED UNTIL THE FOLLOWING WEEK

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (S)

☐
☒

THE FOLLOWING WEEK

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

Original Response to Stand

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

9/4/15

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE: (Fecha en que el Preso recibió respuesta a su apelación):

09/08/15